RECEIVED

FEC FORM 1	ORGANIZATION				6 AM 7: 14 AL CENTER Office Use Only
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example:If typing, typover the lines.	12FE4	M5
Restoring	Arizon	a's Integrity			
ADDRESS (number and street) (Check if address is changed)		1437 N. 1st Suite 102 Phoenix	St.	STATE	85004 ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide only one		SIAIC	ZIF GODE
(Check if address is changed)		:	Integrity@gma	ail.com	
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)					
2. DATE 7 70° 2012					
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATEMENT NEW (N) OR AMENDED (A)					
I certify that I have o	examined th	is Statement and to the be	est of my knowledge and be	elief it is true, cor	rect and complete.
Type or Print Name	of Treasure	Jeremy Bro	wning		
Signature of Treasure	er <u>(</u>	Mm		Date 2	10° 2012
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use			For further informa Federal Election Co Toll Free 800-424-9	mmission	FEC FORM 1 (Revised 02/2009)